

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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PHYLLIS TO CORYDON.

Referring to the great moral battle in which this journal is engaged, the Cincinnati Medical News says, "The quarrelings have been so heated that the parties have condescended to indulge in the most common blackguardism and ruffianism most disgraceful to gentlemen."

May it not be well for us to pause and consider who it is that thus pelts us with bon-bons?

The Cincinnati Medical News is a monthly magazine situated a hundred or so miles to the northeast of us, and edited by four gentlemen in the "Cincinnati College of Medicine and Surgery." Of the journal we may say that it is a very pleasant one and a "welcome visitor;" and even of the school we may give the certificate that Mr. A. Ward, author and showman, claimed to have received from Mr. Lincoln, which was that he had never heard his lectures, but had heard people who had heard them, and who were pleased with his lectures, and would say that they were no doubt such lectures as such persons liked."

We do know considerable about the policy of this school, however, and have taken occasion to condemn it in general terms through many pages of this journal. It is in fact the original double-barrelled concern of the country, having reached its twenty-first year; and, according to its present circular, is now giving its forty-second regular course of lectures.

Of course the Cincinnati News, speaking for the Cincinnati College, which has determined to keep on in its sinful ways, is not pleased with our war upon such concerns,

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and yields to the common temptation of supplementing by invective a weak defense. We might indulge in the usual answer given upon such occasions, and mildly suggest that possibly the atmosphere surrounding a diploma mill is such as to give one rather confused ideas of what constitutes a gentleman; but we do not wish any quarrel with our neighbor. Heaven knows we have done our duty in hammering this sort of people; and where's the Cincinnati police? The fact is that had affairs continued as they were, and the Cincinnati College been the only one in the field, we would have had little to say; for it has in an humble way done a good part at times. A poor girl who has tripped may go to some private lying-in asylum, hide her shame, and keep her position in society. A poor fellow who bears with him the hopes of his family may be a little wild, neglect his studies, and miss his diploma. Such an one could always step over to the Cincinnati College, and at the expense of a few more months' absence (explained by hospital residence) save the mortification of those at home. But as lying-in asylums would be condemned if they encouraged prostitution, so ought these diploma mills springing up throughout the country be swept from existence. We won't go over the ground against them. We confess we have already done that *ad nauseum*. Let the sage of the Phenomenon speak, and who ought to know better than one in the business? Says the circular of the Kentucky School: "*Any chartered medical college holding more than one graduating course during the year deserves to forfeit the respect, confidence, and support of the profession.*"

With that we leave the Cincinnati News

and school. Nay, a word of apology before we part. Ours is not the philosophy of the gentleman at the Kilkenny fair—wherever you see a head hit it—and even when a fellow comes along with two of these appendages we can restrain ourselves; but if in addition to the anatomical insult exhibited in his get-up, the bicephalous individual deliberately proceeds to tread on the tail of our coat, how are we to refrain from a gentle tap?

Original.

OBSERVATIONS UPON AN EPIDEMIC OF DIPHTHERIA.

BY P. E. SANDIDGE, M. D.

In the LOUISVILLE MEDICAL NEWS of the 13th of January, 1877, I gave a synopsis of an epidemic of diphtheria as observed by me in the winter and spring of 1862, with a summary of the treatment used, and promised you a short history of an epidemic raging extensively here and north of this place last fall, 1876.

This epidemic, as observed by me, was confined almost exclusively in its ravages to infancy and childhood, rarely attacking any past ten years of age, and when it did, did not present that degree of malignancy as in the cases of tenderer years. In those old enough to describe their feelings, it usually set in about as follows: Sensations of rigors, with slight headache; pain in one or both sides of the throat, external swelling about the throat, with cough of a croupal character, with hoarseness in some cases amounting to aphonia; tongue covered with a white fur, soft and decidedly swollen; the pulse slightly accelerated, generally rather feeble; bowels constipated; but little thirst; anorexia complete, with dysphagia and muscular debility. These symptoms would rapidly succeed each other, and as rapidly pass from a mild to a very grave form; the vital forces were rapidly diminishing, as was shown by asthenopia or dysopia, disphonia, dysuresia, etc.

The throat, when looked into, presented at first all the characteristics of a severely active inflammation, but soon presented the peculiar diphtheritic or pellicular exudation. This at first presented a dark-gray appearance, but gradually became icterous as the disease advanced to a close. There was in every case seen by me (and all reliably reported by physicians with whom I consulted) a rash that I have never observed before, which made its appearance generally about the third day after the attack. It was preceded by a general redness of the entire surface, and attended with violent itching, burning and smarting. The little patients would writhe in pain, and constantly cry to be scratched, and the cuticle would soon be raised by bluish blebs, as we termed the rash, varying from the size of a half mustard-seed to a silver five-cent piece. They would soon be scratched open to that extent that the blood would ooze out. Each one of those blebs thus opened would soon be covered with a gray or purple exudation looking like that which appeared in the throat, on the tonsel, in the roof of the mouth, and frequently in the nose and naso-pharyngeal passages; and in every instance observed by me, as soon as this rash was fully out, there would be some abatement of the most distressing symptoms. For instance, if vomiting had been persistent, which was often the case, it generally ceased with the appearance of the rash; or dysenteric symptoms, when present, were improved on its appearance or subsided altogether. In short, there was in nearly all cases relief afforded the mucous surfaces wherever affected by the appearance of the skin trouble; and in every case where the sufferer had been well sustained with quinine, iron, ammonia, etc., he would soon be convalescing, but his recovery was always tedious and protracted. Another symptom nearly always present, and a very painful one, was otalgia. Nearly all the cases that were attended by me suffered more or less with deafness, that persisted with some for weeks after recovery. The epidemic was decidedly adynamic, and of malarial char-

acter, the type in many cases being typhomalarial in character.

I have thus briefly given you the most prominent and general symptoms present in the majority of cases as observed by me, without speaking of individual cases. One or two of these I will speak of, if space will allow, after giving a synopsis of the general plan of treatment used by me, which, if you will pardon the apparent egotism, enabled me to pass through this terrible epidemic without the loss of a single case.

I gave quinine to all my patients in doses varying from one to five grains every three or four hours from the period of incipency to convalescence, and three times a day till well. I gave a sufficiency of Dover powder to secure sleep for my patients at night, and rest them comfortably through the day; and if it did not give the desired rest, I gave pulverized opii in such doses as would secure rest by day and sleep by night, and believe it to be mainly the secret of my success. Tincture of iodine was applied to the throat constantly where there was lymphatic enlargement, and also gentle fomentation. Washes of acetate of zinc or lead were used to allay surface burning and itching; I also used lime and sweet-oil for the same purpose with satisfactory results. The sick-room was kept as near 68° as possible, and the atmosphere in it kept soft or moist. Stimulants were indicated in nearly all cases early, and were freely used in the form of egg-nog, as this seemed to irritate the throat least. Chlorate of potash was the only gargle used, and it not pressed when painful. Syrups of phosphite and hypophosphite of soda were used in nearly all cases, as blood-poisoning was a prominent symptom in all cases, the strength of the syrup varying to suit the condition of the patient. The bowels were moved daily with castor-oil or carb. magnesiae and pulv. rhei, using with young children syrup rhei aromat. for this purpose. The kidneys were watched; and as the urates were generally in excess, stimulating diuretics were never used. All caustic or astringent applications to the throat or to any part of the mucous

surfaces affected with diphtheritic inflammation, whether attended with exudation or not, were never used by me while there were present any indications of diphtheritic trouble, but was positively inhibited in all cases in which I acted either as attending or consulting physician. Tincture muriate of iron was used in all cases presenting a bloodless appearance as soon as it could be taken without irritating the throat, but never used before. I dieted my patients lightly but generously all the while.

These were the means mainly relied upon, nevertheless I frequently gave other remedies—such as calomel, ipecac, etc.—when glandular torpidity was manifest, and nuxvomica (ext.) or strychniæ sulphate when there were manifestations of paralytic trouble, this being observed more frequently early in the disease than as a sequel during the prevalence of the epidemic of which we write.

Out of quite a number of cases observed by me there was but one which suffered paralysis as a sequel to diphtheria; and it being one of considerable interest, I beg leave to give it in detail. The subject was a boy of seven years, the only child left of four in the family that had been attacked. The case was not attended by me until the fourth day after his attack. I could not determine any thing in regard to the trouble in the throat or mouth in consequence of the charred condition of these parts from the repeated applications of Monsell's solution and other caustic applications. The nasal and pharyngeal passages were almost filled with a diphtheritic exudation; surface cool and of a purple hue; pulse frequent, feeble, and vasculating; tongue and mouth charred, black, and dry—very dry—feebly writhing; breathing labored and slow. Gave patient one fluid drachm brandy, one grain quinine, and five drops chloroform every two hours, adding one grain and a half of pulv. Doveri every third dose, or every sixth hour. Saw the child in twenty-four hours. Case greatly improved; rash then out. Continued quinine in two-grain doses every three or

four hours. Gave syrup phosphite soda also. Child seen in forty-eight hours; doing well, and on this treatment was soon on foot. About two weeks after his recovery it was discovered that he walked badly, and in a short time had lost the use of his legs and feet. I gave him half a grain ext. nux vom. thrice daily for five days, and he was on his feet again; but in a day or two he had lost the use of his hands and arms. I was again called. Gave one sixtieth grain strychnia thrice daily. He recovered in his arms in five days; but before his arms were stout he ceased to urinate, although still taking the strychnia. The treatment continued, with the addition of stimulating diuretics, tinct. cantharides, turpentine, etc., friction to the spine, etc. Water drawn twice in twenty-four hours for two days, when he was relieved, but was called back on the seventh day in consequence of his vomiting. Found his bowels greatly swollen, and void of sensation, and learned they had not been evacuated for five days, although he had been given castor-oil freely, also some pills. Gave a large dose calomel and gamboge after applying sinapisms to epigastrium, repeatedly kneading the bowels, and occasionally dashing cold water on the belly. In six hours gave a turpentine enema, when the bowels moved. Strychnia, with iron, was again given thrice daily, with barks and laxatives, and all seemed to go well again with him; but while taking the above we were hastily summoned to him. On reaching him found him with respiration and heart's action very nearly suspended; deglutition very bad. I gave him twenty drops each of spirits ether and chloroform. There being no electrode comeatable, the chest was whipped or struck occasionally with a towel saturated with ice-water, and the boy again rallied, and gradually improved; but before he could walk, and while taking the above treatment, the muscles of his face became paralyzed, lost his vision, and was deaf, and looked decidedly idiotic. Gave him three times a day one hundredth of a grain of phosphorus, with one fluid drachm of elixir of calysaya, with

pyrophosphate of iron, quinine, and strychnia, under which he slowly recovered, and is to-day enjoying the best of health.

Another interesting case was my own child, a girl two years old, in delicate health, who while going through the prodrome of diphtheria, seemed to suffer with what is ordinarily termed catarrhal ophthalmia in her left eye; but a few hours only elapsed when the pellicular exudation made its appearance on the conjunctiva, and the lids were soon everted. The case was medicated as all cases attended by me. The exudation was frequently removed in the most gentle manner, but as often reappeared. Caustics were once applied, but had the effect only to intensify the suffering of my patient, and involve parts in the trouble previously unaffected. Weak solutions of zinc and alum in rose water were both used, but did no good. The throat was troubled but little in this case, never having any exudation in it. Her kidneys at one time suspended action, but were soon restored by diuretics (a decoction of buchu leaves). At the end of the second week the rash made its appearance profusely. Quinine was increased, stimulants given more freely; hypophosphite of soda given largely. The symptoms gave way at the end of the third week, and the case made a speedy recovery under elixir, calysaya, pyrophosphate, iron, and quinine.

While I confess that I hold in high esteem as authority Trousseau, Bretonneau, and a number of others who have written at length favoring the use of caustic application to the throat in diphtheria, and I also honestly respect the opinions of all true men, still I feel that I would fail of honesty were I, in giving my mite to the profession, to fail to condemn the use of caustics in this disease. In fact the mildest astringent gargles, especially if painful to use, did more harm than good. In 1862 I observed it was not only useless, but positively injurious; and in all cases of a sporadic character that I had the opportunity of observing in the interim between 1862 and 1876, in which the probang was used, gave positive evidence of the

great inutility of the treatment as during the prevalence of the late epidemic. My observations clearly convinced me of its being torture and not relief, death and not life. Out of all the cases which I have been able to hear reliably from, not one case died of asphyxia whose throat had not been cauterized. The cases recovering whose throats were cauterized are correspondingly scarce, while I have been able to hear of but two deaths where cauterization was not used.

BURKSVILLE.

Correspondence.

AN ANALYSIS OF 1,662 CASES OF JOINT-DISEASE EXAMINED WITH REFERENCE TO THEIR CAUSES.

To the Editors of the Medical News:

A paper with the above title was recently read before a meeting of the county medical society; and as the question is regarded as a disputed one among the profession, I take the liberty of asking space in your journal for a report of it. The reader was Dr. V. P. Gibney, of the Hospital for Ruptured and Crippled. I shall endeavor to give some passages in the author's own words as near as possible, but for the most part space will admit of only a condensation of the effort. In spite of a very inclement evening, the attendance was unusually large; and, judging from the character of the men present, it could be safely concluded the discussion would be long and spirited.

The reader began by announcing an extraordinary amount of diffidence in approaching the discussion of an hypothesis so "odious" to the generality of American surgeons; but from the degree of minuteness and thoroughness which characterized the paper throughout, one would hardly think he had permitted his embarrassment to interfere seriously in the investigation of the subject.

The reader said he had been connected with the hospital for six years; and though he had no theories to advance, he proposed

to give some facts derived from a careful analysis of a large number of cases that had been treated during this time, and to these he invited discussion. He said in mentioning some time previously, in conversation with a friend, the subject of his proposed paper, he had been requested to tell what *struma* is. "Whether or not I shall be able this evening to give a logical definition, and one that is based on sound pathology and clinical experience, I at least hope to state clearly what I mean by the terms embraced in my theme."

Stating that the terms *strumous* and *scrofulous* were almost universally regarded as synonymous, the reader preferred the former. In giving a definition he quoted from Dr. Francis Delafield about as follows: When an individual acquires an inflammation of a mucous membrane, the skin, joints, bones, genito-urinary, or almost any part of the body, such an inflammation usually runs an acute course, and terminates in resolution, suppuration, or in the formation of organized new tissue. But if the inflammation, instead of doing this, simply reaches a certain point and stays there, and then, instead of resolving or suppurating merely, goes through a succession of degenerative changes, such an inflammation is scrofulous. The scrofulous inflammations have several well-marked characteristics; very slow in their progress, very rebellious to treatment, and are accompanied by an extensive cellular infiltration of the inflamed parts, so that when degenerative changes take place there is large destruction of tissue. The degeneration which occurs in products of such a scrofulous inflammation is peculiar in its nature. It is commonly called cheesy degeneration, and consists in the transformation of the products of inflammation into a dry, yellow mass, composed of amorphous, granular matter. Caries of the spine, hip-joint disease, white-swelling, scrofulous orchitis, and enlarged lymphatic glands are all of frequent occurrence. This definition makes prominent one marked characteristic—*pertinacity*, but fails to make reference to the peculiar *vulnera-*

bility of such subjects, and the age in which the cachexy is most frequently observed—childhood.

The reader did not dwell on the causation of such a condition, as his analysis bore directly on this point; but he thought in a certain proportion of joint-diseases a tendency, hereditary or acquired, existed as a factor, which he denominated strumous. The two great theories are traumatism and non-traumatism, and from these aspects he had carefully investigated over eight hundred cases. He seemed to think that probably too much credence was given to the testimony of *falls*, as usually the parent seems to have more anxiety about a *fall* than the actual disease, and will frequently extort from the child, by persuasion or threats, an acknowledgment of some such accident. If there be bias one way or the other in the histories from which these data are taken, it is on the side of the former, as the histories were all taken by men graduates of colleges where traumatism is taught at least as a leading factor.

Caries of the vertebræ are classed as joint-disease. Of the 860 cases reported no statement is made as to the cause of 28; 252 are given as clearly traumatic, and 97 in which the injury was only suspected or preceded the development of the disease by so long a period of time as to render its causative influence at least doubtful; and in the 483 remaining cases no injury could be ascertained.

The traumatists claim that the disease is more frequent in boys than girls, because the former lead more of an outdoor life, and are far rougher in their sports than the latter. On this point the doctor cited 4,871 cases in which the sex was considered, and found a majority of 355 in favor of males. He did not seem to think, however, that a statement of the statistics of joint-disease alone furnished conclusive testimony one way or the other. In this connection he mentioned that out of 4,140 cases of paralysis in children under fourteen years of age treated at the hospital he was able to find

only four which were the subjects of joint-diseases, and in *one* of these the latter was of prior development. All know to how many accidents this class of individuals is constantly subject; and if traumatic casualties must occupy *the* prominent position in etiology of joint-disease, why are not these unfortunates more frequently victims to its invasion?

In respect to age, ninety-nine per cent occurred in subjects under fourteen years, and sixty-five per cent under five years. The youngest was a case of synovitis of the shoulder-joint at the age of two weeks; the oldest, of hip disease, at the age of fifty-eight years.

"I shall now pass to the subject of *diathesis*, and I have subdivided this into *hereditary* and *acquired*; the exact meaning of each to be developed by the diseases which I have found actually existing, and which may account for any morbid condition capable of producing the lesions under consideration."

Of spinal disease 296 cases were analyzed, 110 being traumatic and 169 in which no exciting cause in the form of injury could be found, in 17 no cause having been sought. The disease was found most frequently in the dorsal spine, and there were fifteen per cent more males than females. Ninety per cent of the cases developed before the tenth year. Of the 110 due to injury 32 have no recorded history as to hereditary predisposition. Twenty-seven of the remaining 78 give no evidence whatever of an hereditary diathesis, nor of strumous disease in any other members of the family; while 51 have to a greater or less extent a tainted family history, 31 showing consumption in father or mother, 3 insanity, and one dyspepsia. Of the 169 cases of non-traumatic origin the family history of seventy-eight was recorded, and in this number were found 65 which gave a clear history of transmissibility. Consumption was found 33 times.

Whooping-cough, cholera infantum, and the various exanthemata were regarded as conducive to the *acquired* diathesis, and their

bearings upon causation were very lengthily discussed; but the limits of my letter admonish me to hurry on.

In analyzing the 353 cases of hip-disease there was found a majority in respect to sex in favor of females; as to the side, in favor of the right. Of the traumatic cases there were more males, while the reverse held true of those not traced to traumatic cause. The large majority of the cases had the disease developed prior to the tenth year. In 135 traumatic cases whose histories were recorded, 49 gave no family taint, while in the remaining 86 consumption was found 63 times, the whole number giving evidence of transmissibility being 77. Of the 139 non-traumatic the whole number giving similar evidence was 72, consumption being found 46 times.

In reviewing the statistics of the 140 cases of the knee-joint, there were more males than females, and an analysis of a larger number showed that the disease occurred oftener on the right side. Sixty were traumatic and 76 non-traumatic, with 4 not ascertained. Of 51 traumatic cases 33 gave evidence of hereditary diathesis, and of 54 non-traumatic 30 gave a poor family history.

Of 13 cases of synovitis of the ankle-joint 5 gave good family histories, while of the remaining 8 consumption was found in every one, and in some cases on both sides. Of the 15 non-traumatic cases 9 gave a history of hereditary taint.

Though I have cited only cases of consumption in the family history, it is but justice to the author of the paper that I state in each analysis he enumerated the times of occurrence of all those diseases usually considered as belonging to or conducive to the scrofulous diathesis. The same thorough investigation of the causative influence of the diseases of childhood, as well as of hygienic surroundings, as in the spinal cases, was made under each of the other heads.

Reference was made to the mortuary list, which the reader did not give, as he had not as yet completed it. He went on to say it had been stated by Mr. Holmes, Dr.

Sayre, and others that joint-disease was often the cause of strumous development. He entered into an elaborate investigation of the question, and showed conclusively that his statistics confirmed this statement. Mention was made of the fact that the strumous diathesis was marked in thirteen cases, which had come under observation by a recurring erysipelas.

Dr. Hamilton being called upon, said he could only speak with a general reference to the paper, as it was impossible for him to follow such an intricate analysis with much accuracy. He thought the paper a very valuable one, and agreed with the writer in the opinion that struma was often the cause of the disease in question. He thought it impossible to give any clear and concise definition to struma; we could only get an understanding of its meaning from its phenomena. "Take, for example, a very delicate plant, one sensitive to the slightest injury. A child born with such a constitution, but with no specific disease, is one to which we would apply the term strumous. Such children usually exhibit tænia capitis, catarrh, lymphatic trouble, tuberculosis, etc. This is what I consider characteristic of the strumous or scrofulous state. If we compare such a being to one reared under more favorable circumstances, it is hardly possible for one to doubt that the former is more liable to disease of any nature whatever. We all know that all chronic and many acute troubles are dependent upon constitutional irregularities. Pyæmia and syphilis have local exhibitions, and why may not this state that we call strumous?" He only differed from Dr. Sayre in respect to the degree of responsibility of the two factors, local and constitutional.

Dr. Sayre, on being called upon, said that before he began he wished Dr. Hamilton or Dr. Gibney to say whether they thought it possible for a child in every way perfectly healthy, and of no hereditary taint whatever, to be the subject of joint-disease. The question being answered in the affirmative, Dr. S. said it settled all the apparent diffi-

culty between himself and Dr. H. "I think I have been the most misrepresented man in the profession. It has been stated that I affirm that children of strumous and other similar affections *can not acquire* joint-disease! It is hardly necessary for me to deny an imputed statement so entirely absurd, and yet, on the other hand, to my great surprise so eminent a surgeon as Dr. Gross advocated at one of our professional gatherings last summer the opposite theory, equally as extreme, and to my thinking as ridiculous, that these diseases were found only in those children of a strumous diathesis." The doctor cited 562 cases whose histories had been fully recorded. Of this number 378 were morbus coxarius, 85 Pott's disease, 65 knee- and 34 of the ankle-joint. Of the hip cases 265 were traumatic, and 113 followed diseases, as measles, typhoid fever, dysentery, etc. Fifty-five cases of the Pott's disease were clearly due to traumatic origin, and 30 were due to diseases. Of the knee cases 46 were traumatic and 19 followed disease. The ankle cases gave 25 traumatic and 9 as sequelæ to disease. The speaker was decidedly of the opinion that perfectly healthy and active children were more liable to these diseases, because they undergo a vast deal more rough usage than children of a more delicate build. He did not think it required necessarily a fall down a flight of stairs or a railroad accident to bring on the disease. On the contrary, a very slight injury could induce it, and he thought it was the slight injuries, because neglected, that were the most fruitful cause.

The next person called on was Dr. Knight, surgeon to the Hospital for Ruptured and Crippled. He expressed himself as entirely in sympathy with the views advanced by the writer of the paper. The records from which the analyses had been made were begun in 1863, and had always been under his own supervision. He thought that as the diseases in question were dependent on constitutional trouble, the treatment should be mainly constitutional; and he believed that his greater success in hospital treatment than in private practice was due to a more

thorough observance of this principle. He thought that great thanks from the profession were due the writer of the paper, as his unwearied labors for the last three months had been a matter of his personal observation.

Dr. Jacobi, on being called upon, said he thought the principal reason these diseases are mostly found in childhood was because of the peculiar vulnerability of children; that it was undoubtedly true that children were far more subject to the invasion of disease than adults, though it was also the case that this class of individuals was subject to a much smaller variety of diseases, accounting for the easy diagnosis in their affections; that in early life the physiological action was so great that an undue stimulus, physiological activity, might progress into pathological degeneration. Upon this principle we may account for the fact that during the first year we meet mostly with diseases of digestion, and during the second and third years with affections of the respiratory organs. The principal diseases of childhood are either of nutrition or circulation, or both; and consequently where the greatest activity of these functions exists such parts are the most vulnerable, and hence liable to develop disease. So the bones are most apt to yield to injuries, and undergo in consequence necrosis in those portions where the circulation is most abundant, not from want of circulation, as in senile atrophy and necrosis caused by thrombosis. Now in the upper femur the epiphysis is immense, and at birth there is not one single point of ossification in the whole head and neck of this bone. The neighboring blood-vessels all converge to the epiphysis, and in early life the physiological activity is exceedingly great in these parts. Looking at the subject in the light I suggest removes a great deal of the obscurity connected with the cause of hip-disease.

Dr. H. objected to this theory upon the ground that it did not hold good when extended to other joints. The knee-joint is more frequently affected than any other

joint, and the epiphysis in the lower end of the femur is not only much smaller than in the upper, but here the vessels, instead of converging, *diverge*. Also, there is very seldom synovitis of the elbow-joint, and in the lower end of the humerus the epiphysis is notably large.

Dr. J. begged to correct the doctor in reference to the relative frequency of the disease in the knee and hip, stating that the statistics gave one to six in favor of the latter. He thought the elbow enjoyed such immunity because it was not only much less exposed to injury than the hip or knee, but the epiphysis is only about one seventh the size of that of the upper portion of the femur.

Dr. Sayre said his experience justified the assertion that the hip is much more frequently the seat of disease than the knee. The statistics of Dr. Gibney added additional testimony in favor of the hip.

Dr. Chas. F. Taylor described before the New York Academy of Medicine a new osteoclast, which promised to be of use. The instrument consists of two pads united by a firm bar about two feet long. Attached to this bar is a U-shaped piece of metal, which has a pad on the free extremity. This latter piece is movable, being slid up and down the longitudinal bar at the will of the operator. The pads of the longitudinal portion are placed on the outer side of the thigh, and the other pad with the attachment is slid to such point where fracture is desired, and remains fixed. By means of a crank-attachment the two outer pads are forced in, and the bone is broken at the point where the inside pad rests. By its use fractures can be obtained easily and exactly at the point desired. It is recommended to supersede tenotomy of the adductor muscles in deformities for which the latter mode has heretofore been chiefly used; also by fracture to make a limb of the natural length correspond in length with its less fortunate fellow. The instrument was regarded with favor by most of the audience.

NEW YORK.

ELECTRON.

Reviews.

Contributions to Operative Surgery and Surgical Pathology. By J. M. CARNOCHAN, M.D., formerly Professor of Surgery in the New York Medical College, Surgeon-in-chief to State Emigrants' Hospital, 1850-71, etc. With illustrations drawn from nature. New York: Harper & Brothers. 1877.

Dr. Carnochan has not been an inactive observer in his profession. The medical journals contain many evidences of his industrious efforts to advance the great interests of the science to which he is devoted. About twenty-seven years ago he published a work of high merit, entitled "A Treatise on the Etiology, Pathology, and Treatment of Congenital Dislocations of the Head of the Femur," illustrated with plates. In that work Dr. Carnochan seemed to exhaust the literature of the surgical profession on that subject; and after this thorough exploration he builds up an etiology, pathology, and treatment of the affection which he may justly claim is his own work. The plates of that work are very excellent and very instructive. It is the best treatise that we have on the subject.

After resting from the labors of that excellent treatise, Dr. Carnochan now comes forward with the beginning of a new surgical work. The present work is a quarto, the present installment consisting of an elaborate treatise on Elephantiasis Arabum. This is preceded by an excellent "Introductory Address on the Study of Science," which closes with these admirable remarks: "I would therefore say to you, Admire the grand intellects that have existed in the past, and honor their memories for the advantages you have derived from them; and if you survey your contemporaries, you will see many who are entitled to your admiration for their genius and to your respect for their character. But recollect that this genial view of your fellow-men will chiefly depend upon the degree of culture you yourselves possess. *When a man's own mind is polished, it reflects the brilliancy of other*

minds; but common people see no difference between man and man." Is there not a sufficiency of reward in this to very diligent study of all the great minds that have adorned the medical and surgical profession?

In the treatment of elephantiasis Dr. Carnochan successfully resorted to ligation of the femoral artery, and with fine success. Even Prof. Erichsen, of London University, acknowledged that he was indebted to Dr. Carnochan for successful means of treating what Erichsen styles "that otherwise intractable disease." The operation succeeded in Erichsen's case.

For elephantiasis arabum of the head, face, and neck, Dr. Carnochan has successfully ligated the common carotid artery of both sides. Dr. Carnochan introduces into his work an excellent statistical table on this subject, prepared by Prof. Wernher, of Giesen. It appeared originally in the *Deutsche Zeitschrift für Chirurgie*, June, 1875. This table records thirty-two cases.

There are several excellent plates in the numbers before us, which materially aid the intelligibility of the instructions.

This work is dedicated to Professor S. D. Gross in very graceful and proper terms. In addition to this there is an epistle to Dr. Valentine Mott, in which Dr. Carnochan gratefully expresses his acknowledgment "to the example" of Dr. Mott for "whatever merit these essays may display."

We very earnestly advise our readers to procure this work. Dr. Carnochan publishes the contents of ten parts of this contribution to surgery, and whoever may examine this table of contents will find that the study of these parts will amply remunerate them.

T. S. B.

The Practitioner's Hand-book of Treatment; or, The Principles of Therapeutics. By J. M. FOTHERGILL, M. D., M. R. C. P., London. Philadelphia: Henry C. Lea. 1877.

In this medical treatise Dr. Fothergill undertakes to give "the physiology of each subject; then the pathology is reviewed;

next the action of remedies is examined, after which their practical application in concrete prescriptions is furnished." In many respects the work is unique in character, and we cordially commend its diligent study to the practitioner. The reader will not find Dr. Fothergill a writer of classical English, but his defects in this important department may be overlooked in view of the substantial instruction that is furnished. In speaking of certain articles of diet, he says "they will not support life for long." In referring to Professor Simpson, he says "he devised a *most* capital bath." Now *most* is the superlative of *much*, and in a secondary sense of *many*. The word that should have been used is *very*. In speaking of some forms of convalescence, Dr. Fothergill says "poor food they are averse from;" and of one of his patients he says, "while engaged in her usual avocations," when he meant vocations. The sins of this kind are too numerous, but they do not abound to such an extent as they do in his Hastings Prize Essay and in his work on the Heart. We ascribe this to the fact that Herbert Page revised the manuscript, and Mr. E. O. Bark "co-operated in correcting the proof-sheets." To use a Western phrase, Mr. Bark did not *blase* his way often enough.

The chapters on Assimilation, on Body-heat and Fever, on Anæmia, Plethora, and Congestion, and on Growth and Decay, to say nothing of many others, are capitally handled.

The work is one of nearly six hundred pages, and we take pleasure in urging practitioners of medicine to find time to read and study the many valuable lessons that this volume contains. Our copy came from the bookstore of John P. Morton & Co.

T. S. B.

WILLIAM WOOD, the well-known medical-book publisher and founder of the house of William Wood & Co., died in New York, on April 9th, of cardiac disease, aged eighty years.

Miscellany.

PHYSICIANS IN COURT.—The following is from the editorial of the Philadelphia Medical Times. It will generally be found, we think, that the trouble complained of comes from the lawyer in the case, who, knowing the superior effect of a *viva-voce* examination over a deposition, retains his witness, no matter at what inconvenience, and gives him the impression that it is the law which is so harrasing. The judge will, if asked, often protect the witness in these cases, and require counsel to be satisfied with his written testimony in deferred cases. Such, at least, is our experience in the courts, state and federal, sitting in this city:

"There is, too, a most ignoble lack of courtesy toward the medical witness on the part of the courts in deferred cases. For example, take a recent experience which has come to our knowledge. A case is set down for trial on a Monday at ten o'clock. The physician is promptly on hand, albeit at a most inconvenient hour. He is suavely informed that the case will not be tried till Wednesday at the same hour. In sweet and angelic mood the doctor turns away, to gather up as well as he may the broken threads of the day's woof. On Wednesday behold the poor slave again in court. The announcement is then made that the case will be deferred till the following day. The doctor begins to wonder whether it would be unchristian to make use of a gentle expletive.

"On Thursday, quite habituated now to attending court, perhaps surprised, too, that he has never before realized what fun there is in being thus a toy of the law, he appears for a third time in this heaven on earth. An official then confidentially tells him that another case will probably first be called; and, if it should, then *his* case will be postponed until the *next term*; and if he will come back in an hour he will tell him definitely, which the doctor does, to be told of a third postponement! By this time he is

in the whilom frame of mind of a man who had among the school-boys the reputation of being frightfully profane. The boys one day overtook him as he was driving a load of potatoes up a very steep hill. Creeping up, they quietly let down the tail-board of the wagon, then followed at a distance to watch effects. When the man had reached the top of the hill his horse stopped to rest, and he then discovered his mishap. Looking now at his half empty wagon, now at the long wake of potatoes behind it—never suspecting the boys, who were awaiting the explosion—his face purpled as he said between his teeth, '— —, boys, I can't do the subject justice.'

"This rank injustice of the courts makes one writhe; and it cuts two ways: it costs the medical man time and money. But how are we to avoid becoming victims?"

PHARMACEUTICAL AND INSTRUMENTAL DISPLAYS AT THE CONVENTION.—The exhibition of surgical instruments and pharmaceutical preparations was an interesting feature of the state convention.

Mr. Simon N. Jones, of Louisville, agent for Gemrig, of Philadelphia, displayed a very handsome case of surgical instruments, as did also Messrs. R. A. Robinson & Co., agents for Geo. Tieman & Co., New York.

Messrs. McKesson & Robbins, of New York, displayed a very fine variety of gelatine-coated pills and other preparations, with Mr. Henry S. Wellcome in charge.

Dr. E. H. Leyman was in charge of a large number of samples of the Trommer Extract of Malt.

Mr. Frank Goodman had charge of a fine exhibition of gelatine-coated pills, manufactured by Keasby & Mattison, of Philadelphia.

Mr. F. H. Markham, of Louisville, had on exhibition a very extensive and costly display of surgical instruments contained in two large cases.

Mr. Wm. Autenrieth, instrument manufacturer, from Cincinnati, exhibited the platinum cautery apparatus.

WILL the Philadelphia Medical Times kindly cast its eye over the advertising-sheet of the St. Louis Medical Journal?

THE Rev. Dr. Muhlenburg, founder of St. Luke's Hospital, New York, and the charity of St. Johnland, L. I., died in New York, on April 8th, aged eighty-one years. Dr. Muhlenburg was the author of the well-known hymns, "I would not Live Always," "Like Noah's Weary Dove," and "Shout the Glad Tidings."

Selections.

Bacteria in an Abortive Ovum.—Dr. Haussmann (Virch. Arch., Bd. 67) found a number of bacteria in the amniotic liquor, and also in the fluid from the pericardium and pleura of an abortive ovum of the fourth month, which had been removed without injury of the membranes. He found at the same time the same variety of bacteria in the vaginal mucus of the mother. The possibility being excluded of a spontaneous generation of the bacteria in the ovum, or of their immigration during the stay of the latter in the vagina, which at the most lasted but a minute, Dr. H. concludes that they were present in the ovum while it was in the uterus. As the mother was healthy, the bacteria did not enter the ovum with the blood-current through the vascular connection with the maternal tissues, but came from the vagina, where bacteria are always present, and which during the protracted abortion wandered up into the uterus, and thence into the ovum. Attention is called by this case to the danger of carrying vaginal mucus filled with bacteria to other mucous membranes, and especially to that of the uterus. This may readily take place during an examination. Many of those cases of infection which are communicated by the fingers or the use of instruments are due to the infecting vaginal mucus. A thorough washing-out and disinfection of the vagina is, therefore, recommended before examinations or operations upon the uterus. During parturition a preliminary disinfection of the vagina is equally important before making an examination—*New York Medical Journal*.

Subluxation of the Knee-joint.—S. V. Wright, M.D. (American Practitioner), reports the following: "I was requested by a neighboring physician to see a case which had been diagnosed as a sprained knee. The subject was a stout young man who twenty-four

hours previously had tripped and fallen. There was immediately severe pain from the injury, and the leg was slightly flexed. When I first saw him the limb was hot, swollen, very painful, and flexed as at first. My diagnosis of the difficulty was subluxation, which is so well described by Erichsen. Previous to my arrival Dr. — had attempted to reduce the supposed dislocation, but not succeeding came to the conclusion that it was only a sprain, and was just sending the patient away with a liniment. I examined the limb, seated the patient on a chair, flexed the leg on the thigh, rotating and extending as directed by Erichsen. The effort failed. I tried again, using my left hand for a fulcrum in the popliteal space while flexing; but with the same result as before. The patient stated that there was constant pain unless he sat with the leg laid across the opposite thigh, referring the pain to the external condyle. Acting under the impression that the cartilage of the external condyle had slipped instead of the internal, I carried the leg across the opposite knee, using my left hand as a fulcrum as before; and then on making adduction strongly and firmly I felt the bone slip, and the limb assumed its natural position, the patient exclaiming, 'That's all right.' A rubber band was put around the knee; and the patient, who before used crutches with pain, walked away comfortably. In conclusion, I would call attention to the possibility of mistaking this difficulty for a sprain and synovitis, with partial or complete ankylosis resulting from non-reduction."

Inflammation of the Mastoid Cells.—Edward E. Harwood, in the Virginia Medical Monthly, says:

"Mastoid disease is rarely, if ever, a primary affection. In all the cases which have come under my notice a discharge from the ear had existed for some time previous. Inflammation of the middle-ear, with perforation of the membrana tympani, is the primary difficulty. Patients with so-called "otorrhea," or, more properly speaking, suppuration of the middle-ear, are always exposed to two formidable complications: *First*, Mastoid disease, and *second*, cerebral abscess by the extension of the inflammation through the roof of the tympanum. This last condition occurs more frequently than the first, and is always fatal.

"In all cases where complaint is made of severe pain in the head, accompanying a discharge from the ear, a careful examination of the mastoid process should be made, and if tenderness exists, or if the scalp is swollen and oedematous, at this point a free incision down to the bone should be made at once. In some cases simple periostitis exists, and incision gives immediate relief. If relief is not afforded perforation or trephining of the mastoid should be resorted to."